

Case Number:	CM13-0025387		
Date Assigned:	11/20/2013	Date of Injury:	08/13/1998
Decision Date:	01/02/2014	UR Denial Date:	09/04/2013
Priority:	Standard	Application Received:	09/17/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Anesthesiology, has a subspecialty in Pain Medicine, and is licensed to practice in California. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The physician reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The patient is a 53-year-old female who reported injury on 08/13/1998. The mechanism of injury was not provided. The patient had complaints of left shoulder pain and had flexion of 85 degrees and abduction of 90 degrees. The diagnosis was stated to include left shoulder arthroscopic surgery with adhesive capsulitis. The treatment recommendations were noted to include a manipulation under anesthesia, followed by CPM and a course of physiotherapy and an internal medicine evaluation.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Left shoulder manipulation under anesthesia: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, the Expert Reviewer based his/her decision on the Official Disability Guidelines (ODG), Shoulder Chapter, Manipulation under

Decision rationale: CA MTUS/ACOEM Guidelines do not address manipulation under anesthesia. Official Disability Guidelines recommend manipulation under anesthesia as an

option for adhesive capsulitis when patients are refractory to conservative therapy that lasts at least 3 to 6 months where range of motion remains significantly restricted with abduction less than 90 degrees. Clinical documentation submitted for review failed to provide documentation of thorough recent conservative care and notation that the patient was refractory to the conservative care of 3 to 6 months. Additionally, it was noted the patient's range of motion on abduction was 90 degrees and clinical documentation failed to provide exceptional factors to warrant non-adherence to guideline recommendations. The request for left shoulder manipulation under anesthesia is not medically necessary and appropriate.

Continuous passive motion (CPM) unspecified duration: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, the Expert Reviewer based his/her decision on the Official Disability Guidelines (ODG), Shoulder Chapter, Continuous Passive

Decision rationale: CA MTUS/ACOEM Guidelines do not address continuous passive motion. Official Disability Guidelines recommend continuous passive motion for patients who have adhesive capsulitis for up to 4 weeks at 5 days per week. Though it was noted the physician was requesting a CPM, the clinical documentation submitted for review failed to provide the duration of care and there was a lack of documentation regarding support for the surgery, so additionally, the CPM would not be supported for this reason. The request for a continuous passive motion, unspecified duration, is not medically necessary and appropriate.

Post-operative physiotherapy treatment unspecified amount and duration/frequency:
Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 10, 26.

Decision rationale: CA MTUS Postsurgical Treatment Guidelines indicate that the postsurgical treatment for adhesive capsulitis is 24 visits over 14 weeks and the initial course of therapy is one half the number of visits specified in the general course of therapy. This request for postoperative therapy would be supported for 12 visits if the surgery had been approved. Additionally, there was a lack of indication as the number of sessions being requested. As the surgery was not necessary, neither is postoperative physiotherapy. The request for postoperative physiotherapy treatment, unspecified amount and duration frequency, is not medically necessary and appropriate.

Internal medicine evaluation for surgical clearance: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, the Expert Reviewer based his/her decision on
<http://www.choosingwisely.org/?s=preoperative+surgical+clearance&submit=,>.

Decision rationale: CA MTUS/ACOEM Guidelines do not address preoperative clearance. Official Disability Guidelines do not address preoperative clearance. Per the Society of General Internal Medicine Online, "Preoperative assessment is expected before all surgical procedures. Clinical documentation submitted for review failed to provide all of the supporting information for the surgery. The request for internal medicine evaluation for surgical clearance is not medically necessary and appropriate.